2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L06000096460

Entity Name: BIKE REALTY, LLC

Current Principal Place of Business:

499 ST. RD. 434 N.
SUITE2157
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

437 E CENTER ST
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

499 ST. RD. 434 N.
SUITE2157
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

437 E CENTER ST
ALTAMONTE SPRINGS, FL 32701

FEI Number: 20-5677605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPAZIANO, LEE
437 E. CENTER ST.
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SPAZIANO, LEE
Address: 437 E. CENTER ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM ( ) Delete
Name: SPAZIANO, D. MELISSA
Address: 437 E. CENTER ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LEE SPAZIANO MGRM 05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date